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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stap ISSUE FEE address above, or being facsimile transmitted to the USPIO (571)273-2885, on the date indicated ST, LOUIS, MO 63105 Lisa E. Buchhold (Depositor's ease) (Signature) July 25, 2011 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 6102-000049/US/NP 7592 10/599,976 08/07/2008 Dieter Scheller TITLE OF INVENTION: METHODS FOR PROPHYLAXIS OR TREATMENT OF CONDITIONS ASSOCIATED WITH CORTICAL SPREADING DEPRESSION APPLN, TYPE SMALL ENTITY issue pee due PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE 08/15/201 1 NO \$1510 \$300 \$0 \$1810 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS CORDERO GARCIA, MARCELA 1654 514-616000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). (1) the names of up to 3 registered patent attorneys or DICKEY & PIERCE, P.L.C. Change of correspondence address (or Change of Correspondence agents OR, alternatively, Address form PTO/SB/122) attached (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered patent attorney or agents and the name of up to 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitution for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) UCB PHARMA GMBH Monheim, Germany Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity 🔲 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: ⊠ Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) 3. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. the Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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